

735 261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

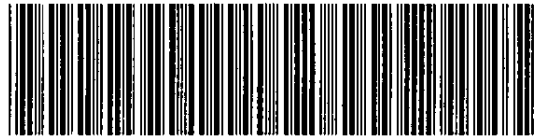
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 JUN 11 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

760000 JUN 11 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2009

JUN 08 2009

PAUL SAPP
PAM PROPERTY MANAGEMENT
14360 S TAMiami TRAIL #B
FORT MYERS, FL 33912

SUBJECT: TROPIC TERRACE CONDOMINIUM ASSOCIATION, UNIT 1400,
INC.
Ref. Number: 735261

We have received your document for TROPIC TERRACE CONDOMINIUM ASSOCIATION, UNIT 1400, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 509A00018880

RECEIVED
2009 JUN 11 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Tropic Terrace Condominium Association Inc., Unit 1400


June 8, 2009

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Number: 735261

Enclosed please find the amended document according to your request of the registered office now on file.

Sincerely,



Dixie Cory, CAM
For the Board

COVER LETTER

TO: Amendment Section
Division of Corporations

NO 1111 11 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Tropic Terrace Condominium Assoc Unit 400, Inc
(Name of Corporation)

DOCUMENT NUMBER: 935221

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Sapp
(Name of Contact Person)

PQM Property Management
(Firm/Company)

14360 S Taniami Trail #B
(Address)

FORT MYERS FL 33912
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Sapp at (239) 481-1577
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Tropic Terrace Condominium Association, Unit 1400, Inc.
2. The principal office address: 14360 S Tamiami Trail
Fort Myers FL 33912
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/15/1976 Document number: 735261
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Paul Sapp
14360 S. Tamiami Trail #B
Fort Myers FL 33912

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

PQM Property Management
14360 S Tamiami Trail #B
Fort Myers FL 33912
(P.O. Box NOT acceptable)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

James R. Hammer
(Signature of an officer or director)

JAMES R. HAMMER PRESIDENT
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Paul L. Sapp
(Signature of Registered Agent)

4-16-08
(Date)

If signing on behalf of an entity:

Paul L. Sapp
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)